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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/772,147	02/04/2004	Wolfgang Graaff	813 P 003	1865
33621	7590	05/26/2005	EXAMINER	
EDWARD D. GILHOLLY 28 E. JACKSON BLVD. SUITE 423 CHICAGO, IL 60604			PAPE, JOSEPH	
			ART UNIT	PAPER NUMBER
			3612	

DATE MAILED: 05/26/2005

Please find below and/or attached an Office communication concerning this application or proceeding.

<b>Interview Summary</b>	Application No.		Applicant(s)	
	10/772,147		GRAAFF ET AL.	
	Examiner		Art Unit	
	Joseph D. Pape		3612	

All participants (applicant, applicant's representative, PTO personnel):

- (1) Joseph D. Pape. (3) \_\_\_\_\_.
- (2) Mr. Gilhooly. (4) \_\_\_\_\_.

Date of Interview: 05 May 2005.

Type: a) ☒ Telephonic b) ☐ Video Conference  
c) ☐ Personal [copy given to: 1) ☐ applicant 2) ☐ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☒ No.  
If Yes, brief description: \_\_\_\_\_.

Claim(s) discussed: N/A.

Identification of prior art discussed: N/A.

Agreement with respect to the claims f) ☐ was reached. g) ☐ was not reached. h) ☒ N/A.

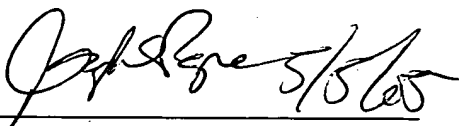
Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Mr. Gilhooly phoned to inquire as to whether or not the IDS filed in September of 2004 was considered when preparing the last office action. This IDS was considered and an initialed copy is attached hereto.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

*\* attachment initialed IDS \**

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

  
Examiner's signature, if required

*HC*